

Written Prior Notice and Consent for Evaluation / Re-Evaluation

Student Name _____ Date of Birth _____
Grade _____ Date _____

Parent Prior Notice for Free Appropriate Public Education

We are proposing to evaluate / re-evaluate this student to determine if he/she has a disability that may require special education services under the Individuals with Disabilities Education Act (IDEA). We are proposing this evaluation because there are concerns about the student's educational progress. Although there may have been interventions implemented, concerns about his/her progress continue. These concerns form the basis for this decision. You have protection under the Procedural Safeguards, a copy of which is included with this notice. If you have any questions regarding this notice or your Procedural Safeguards, contact the principal or the special education teacher at the student's school.

We need your permission to conduct this evaluation. Examples of tests and their purposes are indicated on the back of this form. We may not need to give all of these tests. Without your consent, we will not give any test in areas other than those indicated below:

- | | | | |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Intellectual / Cognitive | <input type="checkbox"/> Academic | <input type="checkbox"/> Communication | <input type="checkbox"/> Psychomotor |
| <input type="checkbox"/> Motor | <input type="checkbox"/> Adaptive | <input type="checkbox"/> Social / Behavioral | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Vocational / Transition | <input type="checkbox"/> Other _____ | |

This evaluation cannot begin until your written permission is received. Upon completion of the evaluation, the results will be discussed with you. You have the right to refuse permission for this evaluation. **Please sign below and return.**

Parental Consent for Evaluation/Re-evaluation

☐ I **DO** give permission for the evaluation requested and have received the Procedural Safeguards and a copy of this document. I understand that all results will be kept confidential and reviewed with me.

Signature of Parent

Date

☐ I **DO NOT** give permission for the evaluation requested, and have received the Procedural Safeguards and a copy of this document.

Signature of Parent

Date

A copy of the Procedural Safeguards is included with this notice.

Date received back at school from parent._____